

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VIN		12-03-01
O.I.P.E. CLASSIFIER		43	12/13/01
FORMALITY REVIEW	WM	869	12-26-01
RESPONSE FORMALITY REVIEW	TZ	947	02/11/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	2	
2		3	
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16	✓	17	
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24	✓	25	
25	✓	26	
26	✓	27	
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28	✓	29	
29	✓	30	
30	✓	31	
31	✓	32	
32	✓	33	
33	✓	34	
34	✓	35	
35	✓	36	
36	✓	37	
37	✓	38	
38	✓	39	
39	✓	40	
40	✓	41	
41	✓	42	
42	✓	43	
43	✓	44	
44	✓	45	
45	✓	46	
46	✓	47	
47	✓	48	
48	✓	49	
49	✓	50	

Claim	Final	Original	Date
51	✓	52	
52		53	
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56	✓	57	
57	✓	58	
58	✓	59	
59		60	
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79	✓	80	
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84	✓	85	
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89	✓	90	
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91	✓	92	
92	✓	93	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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14 JUL 11 12-20-01

TC-57/  
 02/11/02